PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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the current corresponder address; and/or (b) indic	oriate. All further corresponde address as indicated ustating a separate "FEE AL	ondence incli inless correct DDRESS" for	uding the Paten ed below or dir r maintenance f	it, advance orders and nected otherwise in Bloc	FEE (if required). Blocks 1 otification of maintenance ck 1, by (a) specifying a ne	fees will be mailed to
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)				Note: A certificate of mailing can only be used for domestic mailings		
26161 7590 11/05/2007			7	of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
FISH & RICHARDSON P.C. P.O. Box 1022				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
Minneapolis, MN 55440-1022				(Depositor's name)		
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED I	NVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/732,822	12/10/2003		Joseph Ze	elvin	10276-085001	6791
TITLE OF INVENTION: RETINAL IMAGING SYSTEM						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional YES \$7		20	\$300	\$1020	02/05/2008
EXAMINER		ART UNIT		CLASS-SUBCLASS		
MAI, HUY KIM		2873		351-206000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent			
[] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.						
] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless ar previously submitted to the (A) NAME OF ASSIGNED	RESIDENCE DATA TO BE In assignee is identified below, USPTO or is being submitted	no assignee dat under separate	a will appear on the cover. Completion	int or type) ne patent. Inclusion of assign n of this form is NOT a sub- ITY and STATE OR COUN	nee data is only appropriate when stitute for filing an assignment.	n an assignment has been
Joslin Diabetes Center, Ir	ic.	Во	ston, MA			
Please check the appropriate	assignee category or categories	s (will not be pr	rinted on the paten	t): [] individual [X] c	orporation or other private group	p entity [] government
 4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies			4b. Payment of Fee(s): [X] The requisite fees are being paid electronically with this submission. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge any deficiency in fees, or credit any overpayment, to Deposit Account Number 06-1050			
5. Change in Entity Status (
	ALL ENTITY status. See 37 (1ALL ENTITY status. See 37 C	
NOTE: The issue Fee and Pu	requested to apply the Issue F blication Fee (if required) will interest and Trader	not be accepte	tion Fee (if any) o d from anyone oth	r to re-apply any previously er than the applicant, a regis	paid issue fee to the application stered agent or; or the assignee of	identified above. or other party in interest as

Registration No. .__ 40,780 This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Do Not Send Fees or converted to collection of information details and the propagate of the Patents of the Pat

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January 4, 2008

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Paul A. Pysher

(Authorized Signature)

Typed or Printed Name

Attorney's Docket No.: 10276-085001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Joseph Zelvin Art Unit: 2873

Serial No.: 10/732,822 Examiner: Huy Kim Mai

Filed: December 10, 2003 Confirmation No.: 6791

Notice of Allowance Date:

Title : RETINAL IMAGING SYSTEM

MAIL STOP ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed November 5, 2007, submitted herewith are a completed issue fee transmittal form PTOL-85b and payment in the amount of \$1,020 for the required issue and publication fees.

Please apply any additional charges or credits to our Deposit Account No. 06-1050.

Respectfully submitted,

Date: Janey 4, 407

Paul A\Pysher Reg. No. 40,780

Fish & Richardson P.C. 225 Franklin Street Boston, MA 02110

Telephone: (617) 542-5070 Facsimile: (617) 542-8906

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